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26874 7590 01/17/2008 Have as own certaincate of maining or transmission.							
FROST BROWN TODD, LLC 2200 PNC CENTER 201 E. FIFTH STREET CINCINNATI, OH 45202				Certificate of Mailing or Transmission I hereby certify that this Fe(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
Chitchian, C		(Depositor's name)					
			<u> </u>				(Signature)
			<u> </u>			····	(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/621,973	10/621,973 07/17/2003		Don Millerd	Don Millerd		11371.9 2586	
TITLE OF INVENTION: SAFETY SYSTEM FOR A BLOOD COLLECTION DEVICE							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV, PAID ISSUE	FEE T	OTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$ 720	\$300	\$0		\$1020	04/17/2008
EXAMI	EXAMINER		CLASS-SUBCLASS				
WITCZAK, CATHERINE		3767	604-110000	,			
1. Change of corresponder CFR 1.363).	nce address or indication	2. For printing on the p	inting on the patent front page, list				
Change of corresponded correspo	ndence address (or Cha /122) attached	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively.					
☐ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required.	eation (or "Fee Address" or more recent) attach	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AN	D RESIDENCE DATA	TO BE PRINTED ON 1	THE PATENT (print or two	ne)			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
MedPro Safety Products, Inc. Lexington, Kentucky							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔲 Corporation or other private group entity 🔘 Government							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Issue Fee	A check is enclosed.				·		
Publication Fee (No	Payment by credit car	it card. Form PTO-2038 is attached.					
Advance Order - # of Copies							
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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Authorized Signature				Date February 27, 2008			
Typed or printed name		Registration No. 50,459					
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							
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